

Center for Assistive Technology & Inclusive Education Studies (CATIES)
at The College of New Jersey

Information Form for Assistive Technology Evaluation: **Speech Therapist**

(client's name)

will participate in a program review conducted by the Center for Assistive Technology & Inclusive Education Studies (CATIES). Your input is very valuable to the evaluation. Please complete and return this form to your school representative. Thank you for your assistance.

Student's present means of communication

(Check all that are used, circle primary method the student uses)

- Changes in breathing patterns
- Eye-gaze/eye movement
- Gestures
- Sign language (few combinations)
- Reliable No
- Two word utterances
- Vocalizations, list examples: _____
- Vowels, vowel combinations, list examples: _____
- Semi intelligible speech, estimate % of intelligible: _____
- Single words, list examples and approx. # : _____
- Communication board: tangibles pictures combo picture/symbols words
- Voice output device (name of device): _____
- Intelligible speech
- Writing
- Other: _____
- Body position changes
- Facial expressions
- Pointing
- Sign language (many combinations)
- Reliable Yes
- Three word utterances

Who understands student's communication attempts: (Check best descriptor)

	Most of the time	Part of the time	Rarely	Not Applicable
Parent/Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers/Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strangers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication interaction skills:

Desires to communicate: Always Occasionally Never

To indicate "yes" and "no", the student

- Vocalizes
- Signs
- Shakes head
- Gestures
- Eye gazes
- Points to board
- Uses word approximations
- Does not respond consistently

Can a person unfamiliar with the student understand the response: Yes No

	Always	Frequently	Occasionally	Seldom	Never
Turns toward speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of listener's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiates interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to communication interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requests clarification from communication partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repairs communication breakdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires verbal prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Requires physical prompts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe techniques student uses for repair (e.g. keeps trying; changes message; points to first letter, etc.)

Current level of receptive language:

Age approximation: _____

If formal tests used, name and scores:

If formal testing not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

Current level of expressive language:

Age approximation: _____

If formal tests used, name and scores:

If formal testing not used, please give an approximate age or developmental level of functioning. Explain your rationale for this estimate. _____

Pre-reading and reading skills related to communication:

<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Object/picture recognition
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Symbol recognition (tactile, Mayer-Johnson, Rebus, etc.)
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Auditory discrimination of sounds
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Auditory discrimination of words, phrases
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Selects initial letter or word
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Follows simple directions
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Sight word recognition
<input type="checkbox"/> Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never	Can put two symbols/words together to express an idea

Visual abilities related to communication (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Can maintain fixation on stationary | <input type="checkbox"/> Can look right to left w/out moving head |
| <input type="checkbox"/> Can scan line of symbols left to right | <input type="checkbox"/> Can scan matrix of symbol in a grid |
| <input type="checkbox"/> Visually recognizes people | <input type="checkbox"/> Visually recognizes common objects |
| <input type="checkbox"/> Visually recognizes photographs | <input type="checkbox"/> Visually recognizes symbols/pictures |
| <input type="checkbox"/> Needs additional space around symbol | <input type="checkbox"/> Can visually shift horizontally |
| <input type="checkbox"/> Can visually shift vertically | <input type="checkbox"/> Can recognize line drawings |

Is a specific type (brand) of symbols or pictures preferred?

What size of pictures is preferred? _____

What line thickness of symbols is preferred? _____ Inches

Does student seem to do better with black-on-white, or white-on-black, or specific color combination for figure/ground discrimination? _____

Explain anything else you think is significant about the responses the student currently uses or his/her need for augmentative communication:

Summary of student's abilities and concerns related to communication:

Name of person completing form:

Signature:

Date:

School/Program: